

Please type a plus sign (+) inside this box

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	09/878,860
Filing Date	May 10, 2002
First Named Inventor	George Michael Mockry, et al.
Group Art Unit	3711
Examiner Name	Michael Chambers
Attorney Docket Number	6385.00001

I hereby appoint:

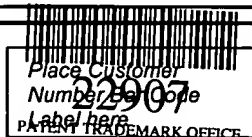
☒ Practitioners at Customer Number

22907

OR

☐ Practitioner(s) named below:

Name	Registration Number



as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

Place Customer
Number Bar Code
Label here

<input checked="" type="checkbox"/> Firm or Individual Name	Banner & Witcoff, Ltd.				
Address	1001 G Street, N.W. - 11 th Floor				
Address					
City	Washington	State	D.C.	ZIP	20001-4597
Country	US				
Telephone	202-824-3000	Fax	202-824-3001		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

RECEIVED

AUG 07 2003

TECHNOLOGY CENTER R3700

Name	Greg M. Mockry
Signature	
Date	8-1-03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED
AUG-6 2003
TECHN. CENTER 3700

Please type a plus sign (+) inside this box



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	09/878,860
Filing Date	May 10, 2002
First Named Inventor	George Michael Mockry, et al.
Group Art Unit	3711
Examiner Name	Michael Chambers
Attorney Docket Number	6385.00001

I hereby appoint:

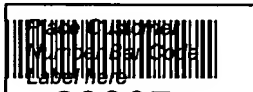
☒ Practitioners at Customer Number

22907

OR

☐ Practitioner(s) named below:

Name	Registration Number	REMARK OFFICE



22907

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

Place Customer
Number Bar Code
Label here

<input checked="" type="checkbox"/> Firm or Individual Name	Banner & Witcoff, Ltd.				
Address	1001 G Street, N.W. - 11 th Floor				
Address					
City	Washington	State	D.C.	ZIP	20001-4597
Country	US				
Telephone	202-824-3000	Fax	202-824-3001		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	George Michael Mockry
Signature	
Date	8-1-2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →



PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	09/878,860
	Filing Date	May 10, 2002
	First Named Inventor	George Michael Mockry, et al.
	Group Art Unit	3711
	Examiner Name	Michael Chambers
	Attorney Docket Number	6385.00001

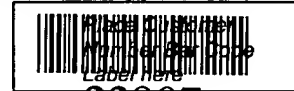
I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☒ Please change the correspondence address for the above-identified application to:

☒ Customer Number 22907



22907

PATENT TRADEMARK OFFICE

<input checked="" type="checkbox"/> Firm or Individual Name	Banner & Witcoff, Ltd.,				
Address	1001 G Street, N.W., Suite 1100				
Address					
City	Washington, D.C.,				
Country	USA	State	D.C.	ZIP	20001
Telephone	(202) 824-3000,	Fax	(202) 824-3001		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Greg M. Mockry
Signature	
Date	8-1-03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of TWO (2) forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

→ +

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	09/878,860
Filing Date	May 10, 2002
First Named Inventor	George Michael Mockry, et al.
Group Art Unit	3711
Examiner Name	Michael Chambers
Attorney Docket Number	6385.00001

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☒ Please change the correspondence address for the above-identified application to:

☒ Customer Number 22907



22907

PATENT TRADEMARK OFFICE

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Banner & Witcoff, Ltd.,				
Address	1001 G Street, N.W., Suite 1100				
Address					
City	Washington, D.C.,				
Country	USA	State	D.C.	ZIP	20001
Telephone	(202) 824-3000,	Fax	(202) 824-3001		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	George Michael Mockry
Signature	
Date	8-1-2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of TWO(2) forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.